Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	DISK DRIVE EMPLOYING A SPINDLE MOTOR COMPRISING A LOCKING SPRING ARM DISENGAGED THROUGH STATOR COIL FLUX				
As the below named inventor(s), I/we declare that:					
This declaration is	s direc	ted to:			
	▼ The attached application, or				
		Application No, filed on,			
		as amended on	(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S)					
Inventor one:	KEI	TH R. BERDING			
Signature:	Ku	mit Bolone	Citizen of: UNITED STATES		
Inventor two:	JOH	N R. GUSTAFSON 💟			
Signature:	<u>Jol</u>	L R Gustaf	Citizen of: UNITED STATES		
Inventor three:					
Signature:			Citizen of:		
inventor four:					
Signature:			Citizen of:		
Additional inve	ntoro or	s being named on	additional form(s) attached hereto.		

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN		
Filing Date	HEREWITH		
First Named Inventor	KEITH R. BERDING		
Group Art Unit	UNKNOWN		
Examiner Name	UNKNOWN		
Attorney Docket Number	K35A1043		

I hereby appoint: Practitioners at Customer Number Place Customer Number Bar Code						
OR Label here						
Practitione	er(s) nar		<u> </u>	Penietr	ration Number	
Won	Tae C	Name Kim, Esq.		40,457	TOTAL TAILINGS	
Milad G. Sha		-		39,367		
		sheerin, Esq.		37,938		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR						
Firm or						
Individual Na	me					
Address			· · · · · · · · · · · · · · · · · · ·			
Address				State	Zip	
City				Oldio I		
Country Telephone				Fax		
				1		
I am the: Applicant	t/Invento	or.				
				S		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	KEITH	R. BERDING				
Signature	6	TOP ROD	4			
Date	1/2	002	8			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
orms if more than one signature is required, see below. ✓ *Total of 2 forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

1,3,

PTO/SB/81 (10-00)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	KEITH R. BERDING
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A1043

I hereby appoint:						
Practitione	ers at Customer N		Place Customer Number Bar Code			
OR	OR Label here					
✓ Practitioner(s) named below:						
Name Registration Number						
	Tae C. Kim, Esq.	•	40,457			
	G. Shara, Esq.		39,367			
Howa	ard H. Sheerin, E	sq.	37,938			
as my/our attorn business in the t	ey(s) or agent(s) Jnited States Pat	to prosecute the applicatio tent and Trademark Office	n identified above connected therev	e, and to transact all vith.		
Please change the	ne correspondend mentioned Custor	ce address for the above-id mer Number.	entified applicatio	on to:		
OR						
Firm <i>or</i> Individual Nai	me					
Address						
Address						
City			State	Zip		
Country						
Telephone			Fax			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	JOHN R. GUST.					
Name Signature	Joh R	Gustal				
Date	Jan 29	2002				
NOTE: Signatures of all	the inventors or assi	ignees of record of the entire inter	rest or their represen	stative(s) are required. Submit multiple		
forms if more than one signature is required, see below*. *Total of 2 forms are submitted.						
za rotaroiZ	IOTHIS DIE SUD			de et the findividual case. Any comments		